

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
10/521817  
APPLICANT(S)

FILING DATE

11/21/05		9/7/05		CLAIMS		9/7/05	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28	1						
29		1					
30			1				
31				1			
32					1		
33						1	
34							1
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*	*	*	*
51	1		
52			
53			
54			
55			
56			
57			
58			
59			
60	1		
61		1	
62		1	
63		1	
64		1	
65		1	
66		1	
67		1	
68		1	
69		1	
70		1	
71		1	
72		1	
73		1	
74		1	
75		1	
76		1	
77		1	
78		1	
79		1	
80		1	
81		1	
82		1	
83		1	
84		1	
85		1	
86		1	
87		1	
88		1	
89		1	
90		1	
91		1	
92		1	
93		1	
94		1	
95		1	
96		1	
97		1	
98		1	
99		1	
100		1	
TOTAL IND.	4		
TOTAL DEP.	29		
TOTAL CLAIMS	33		